



Report Period _____

PROJECT NAME & NUMBER:

PRIME CONTRACTOR:

ADDRESS:

LIAISON/PHONE:**AWARD DATE:**

CONTRACT NO.:

CONTRACT AMOUNT:

MWDBE GOAL :

AMT. PAID BY CITY TO DATE:

MWDBE SUB/VENDOR NAME	DATE OF AFF. ACTION CERTIFICATION	DATE OF SUBCONTRACT	SUBCONTRACT AMOUNT	% OF TOTAL CONTRACT	AMOUNT PAID THIS PERIOD	AMOUNT PAID TO DATE	% OF CONTRACT TO DATE
TOTALS							

Use additional pages if needed

Submit by the 15th day following the end of the report period to: Affirmative Action Division

PLEASE FAX OR MAIL THE ORIGINAL, NOT BOTH

ATTN: Gordon Goss - Purchasing/Professional Services
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FAX (713) 837-9070